

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713874

**Entity Name:** HOMOSASSA CIVIC CLUB, INC.

**Current Principal Place of Business:**

5530 S. MASON CREEK ROAD  
HOMOSASSA, FL 34448

**Current Mailing Address:**

P.O. BOX 493  
HOMOSASSA, FL 34487 US

**FEI Number:** 59-2355082

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FARA, JOE  
6085 S. ROYAL DR.  
HOMOSASSA, FL 34448 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** JOE FARA

01/11/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name FLETCHER, BARB  
Address P.O. BOX 493  
City-State-Zip: HOMOSASSA FL 34487

Title PRESIDENT  
Name FARA, JOE  
Address 6030 S. HANCOCK  
City-State-Zip: HOMOSASSA FL 34448

Title DIRECTOR  
Name RITLI, LYNN  
Address P.O. BOX 493  
City-State-Zip: HOMOSASSA FL 34487

Title TREASURER  
Name STROBRIDGE, LORRAINE  
Address P.O. BOX 493  
City-State-Zip: HOMOSASSA FL 34487

Title SECRETARY, DIRECTOR  
Name BECK, KATHY ANN  
Address P.O. BOX 493  
City-State-Zip: HOMOSASSA FL 34487

Title DIRECTOR  
Name YENT, RHONDA JEAN  
Address P.O. BOX 493  
City-State-Zip: HOMOSASSA FL 34487

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHY BECK

**SECRETARY**

01/11/2024

Electronic Signature of Signing Officer/Director Detail

Date